

DEPARTMENT OF JUSTICE

Examples of work completed or in the development process since DOJ visit in August/September 2004

RISK MANAGEMENT

- I. Incident Management
 - New policy for Patient Events
 - New Patient/Staff Event forms and Variance forms with protocols
 - Training has been done with all staff
 - Information is placed in database
- II. Risk Assessment

Risk Assessment Policy is in the development process
- III. Environmental Safety Hazards
 - Had external review completed
 - BGS in the process of renovations

RESTRAINT & SECLUSION

- New Certificate of Need forms
 - New Doctor Order forms
 - Training on the use of Certificate of Need and Doctor Orders
 - Audit mechanism with a feedback loop to the Medical Directors, Doctors, Nurse Administrator and Nurses
 - NAPPI Training
 - New Emergency & Involuntary Procedures Policy
 - Debriefing from seclusions or restraints
- I. Treatment Planning Process:
 - New Treatment Planning Policy with staff training completed
 - Audit mechanisms with feedback
 - Psychology audits random selection of treatment plans
 - Medical Director and Executive Director notification of high-risk situations where individuals have repeated use of seclusion and restraint
 - ADAP Medical Director and VSH Medical Director designing co-occurring groups
 - Hired part-time neurologist who generates functionally determined plans
 - Psychiatric assessments and diagnosis
 - II. Assessments and Services/Psychiatric Assessments and Diagnosis:
 - Preliminary treatment plan has been revised and implemented
 - Admission Policy revised
 - Preliminary Treatment Plan and Assessment were revised

- Random selection of cases are provided to the Medical Director and Medical Staff for peer review:
 - Diagnosis
 - Clinical formulation
 - Assessments
 - Risk assessments
 - Polypharmacy
- Weekly work list for all disciplines
- Monitor in place for transfer and discharge summaries

III. Assessments and Services/Psychological Assessments and Diagnosis:

- Risk Assessment Policy under review
- Psychological services are under review at VSH

IV. Specific Psychiatric Services:

The following items are under development:

- New Medication Event form (includes a protocol and generates reports to address adverse drug reactions)
- Pharmacist will put formulary and drug ranges and specific requirements for Benzodiazapines and Anticholenergics drugs into the Medication Protocols folder
- Pharmacist will issue monthly reports to Medical Director regarding medication events
- Pharmacist will notify Medical Director if medication ranges are exceeded
- Pharmacy creates variance reports for Medical Director and Medical Staff
- 30-day PRN review (pharmacy discontinues medications – doctor must reorder)
- Pharmacist emails Medical Director and doctors with drug alerts
- Random selection of cases will address medication for individual symptoms, efficacy against clearly identifiable target variables and timeframes:
 - Rationales for choice and use of medications
 - Individual's history of previous response to treatment
 - Review and assessment of the use of PRN

The following items are in operation:

- Cues for physician for further neurological, substance abuse and other health care screens are embedded in Admissions Certification
- Neurological consults are available for individuals at risk for TD
- AIMS assessment for drug reactions
- Have developed protocols for high risk medications

V. Specific Psychological Services:

- Psychological Services are under review from assessments to behavioral plans
- Psychologists meet licensing requirements
- Psychologists attend treatment planning meetings

- Psychologists audit treatment plans to ensure behaviorally specific goals, objectives, and interventions
- Psychologists' role with treatment teams is under review
- Occupational therapy is under review
 - A new manager has been assigned to this area

VI. Discharge Planning:

- A new policy has been developed and is in the review process
- Cases are reviewed weekly in clinical review discussions
- Legal, Medical Director and Chief of Social Services meet bi-weekly to address cases where extensive barriers exist
- New database has been created to record all case referrals to barriers for placement either at hospitals or designated agencies:
 - Database will be able to reveal trends in referrals and barriers in placement, as well as services needed by our clients
 - Under review is the inclusion of Length of Stay standards for documentation and utilization review purposes